

## MAIN MEMBER APPLICATION

Please refer to the Scheme Rules for full details of the cover available under the scheme.

Please ensure you have reviewed and can agree to the declarations overleaf before completing this form.

**Unless you are a Student Officer in your first 2 weeks of service, please provide a clinical summary with this application form. This is a clinical overview provided by your GP of your medical history. This is not your full medical record. Your application will not be accepted without this.**

**Student Officers will get the first 12 months of service free and the second 12 months of service half price. Any other new or additional member will get 3 months free. You can cancel at any time.**

Student Officer ☐      Serving Officer ☐      Police Staff ☐      Retired Officer ☐

### Member Details:

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>		
Surname:		Forename/s :
Address :		
		Postcode:
Personal Email :		Tel No.:
Date of Birth:    /    /	Date Joined Force:    /    /	
Collar No.:	Payroll No:	

**Have you ever been diagnosed with, or received treatment for, any of the following:** *tick all that apply*

Back Injury		Heart Disease	
Lower Gastro-intestinal Disorder		Upper Gastro-intestinal Disorder	
Allergies (inc. to medications)		Seizures/fainting/dizziness	
Tuberculosis		Hearing difficulty	
Muscular Disorder		Hernia	
Diabetes		Headaches	
Ophthalmological Issues		Permanent defect from illness	
ENT Issues		Thyroid Issues	
Abnormal Smear		Abnormal Prostate	
Or any other condition not mentioned above:			

If you answered yes to any item listed above, please give full details including symptoms, dates, and nature of any treatment. Continue on a separate sheet if necessary

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Have you received, or are you currently receiving, any treatment or diagnosis for any other condition not listed overleaf?

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Have you ever been diagnosed with a chronic condition? If yes, please provide as many details as you can to this regard.

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If you know of any injury, illness or other pre-existing condition that could lead to a medical claim please detail this below

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#### **AUTHORITY TO RELEASE MEDICAL DETAILS**

*In order to fully evaluate your application, it may be necessary for us to obtain medical details from the consultant/practitioner*

I hereby give consent for access to medical records in accordance with the Access to Medical Records Act 1988.

I declare that, to the best of my knowledge and belief, that the statements provided in this declaration are true and complete and all material facts have been disclosed.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Please read and then sign the declarations below:**

- I understand that the premium rates may vary from time to time as agreed with Leicestershire Police Federation.
- I understand that the use of any information provided by me for the operation of the Scheme is for the process of administration, claims management, handling customer concerns and the detection, prevention and investigation of fraud.
- I understand that in order to do this the information may be shared with insurers, reinsurers, insurance intermediaries and service providers who are involved in either the operation of Scheme benefits which covers members or the member's benefits arrangements provided by the Trustees in accordance with the Scheme Rules.
- I consent to the information on this form being stored / processed electronically.
- I understand that if my payments stop, all cover under the scheme will cease.
- I understand that it is my responsibility that in the event of my circumstances or wishes changing that I keep my information up to date.
- I confirm that I have read the Scheme Rules and am aware of the cover afforded under this scheme.

<b>Member Signature:</b> (required in ALL cases)	<b>Date:</b> /     /
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**Please return this completed form to:** Hampshire Police Federation, 1490 Parkway, Whiteley, Hampshire, PO157AF  
or email [hampshire@polfed.org](mailto:hampshire@polfed.org)

# How We Use Your Data

The Leicestershire Police Federation Medical Scheme takes the privacy of our members seriously and will only use your personal information to administer your membership and to provide the services you have requested from us.

## How do we collect information from you?

We collect personal information about you when you apply to join the Medical Scheme and when a claim is registered. We may also obtain personal information from the Medical facility at which you are treated, or your GP Practice where required for the purpose of claim administration.

## What type of information is collected?

We collect personal information such as your name, address, contact information and personal medical information pertaining to your claims.

## How will we use this information?

We use the information provided to administer your membership and to provide the services you have requested from us. We will never pass on your information to any other external organisation for the purpose of marketing.

## Scheme Marketing and Updates

We will never pass on your personal information to any other organisation for the purpose of marketing, however, we will contact you with any updates or changes to the service provided as part of your membership.

## How to contact us

Please contact us if you have any questions about our privacy policy or information we hold about you.

Leicestershire Police Federation Medical Scheme, Lancaster House,  
Suite B, Grange Business Park, Enderby Road, Whetstone, Leicester LE8 6EP

MEDICAL SCHEME RATES			
Leicestershire Police Federation Medical Scheme is a Trust and therefore we are not here to make a profit. Our aims and values are always to put our members and their wellbeing first.			
STUDENT OFFICERS	1st year FREE		
	2nd year at 50% of age banded rate		
CHILDREN	First child	£10.00	
	Additional children	£5.00	
	SINGLE	MARRIED*	
18-24	£21.90	£43.80	
25-31	£31.00	£62.00	
32-40	£32.60	£65.20	
41-45	£35.20	£70.40	
46-50	£38.10	£76.20	
51-55	£45.90	£91.80	
56-60	£48.50	£97.00	
61-65	£50.50	£101.00	
66-69	£51.60	£103.20	
70+	£52.60	£105.20	
<small>These rates apply as of 1st January 2023</small>  <small>*Married refers to any co-habiting partnership NB: Applications will only be accepted for applicants under 60 years of age</small>	Married*	£43.80	EXAMPLE
	1st Child	£10.00	
	2nd Child	£5.00	
	TOTAL	£58.80	

Please fill in the whole form including official use box using a ball point pen and send it to:

LPF Medical Scheme  
Suite B, Lancaster House  
Grange Business Park  
Whetstone  
Leicestershire  
LE8 6EP

7 0 7 4 4 2

For LPF Medical Scheme OFFICIAL USE ONLY  
This is not part of the instruction to your bank or building society.

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager Bank/building society

Address

Postcode

**Instruction to your bank or building society**

Please pay LPF Medical Scheme Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with LPF Medical Scheme and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Reference (To be completed by LPF Trusts)

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, LPF Medical Scheme will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request LPF Medical Scheme to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by LPF Medical Scheme or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when LPF Medical Scheme asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.